

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Calvert
 City or town Cordova (Rural)
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 45 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Cordova
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Julius Asche

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Ida Pluggs Asche

7. Birth date of deceased (mo., day, yr.)

December 11, 1886

6.(c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

61024

hrs.

min.

9. Birthplace

Nebraska

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Farming

MOTHER FATHER

12. Name

Ludwig Asche

13. Birthplace

Germany

14. Maiden name

Winnie Pieper

15. Birthplace

Germany

16. Informant

Mrs. Julius Asche

Address

Cordova, Md.

17.

(Burial, cremation, or removal. Which?)

Burial

Date thereof

Jan. 8, 1948
(month) (day) (year)

Cemetery or crematory

Spring Hill

Location

Easton, Md.

18. Funeral director

E. E. Clark

Address

Easton, Md.

19.

(Date rec'd by registrar)

19

481/6N. D. Person

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1948 at 4:15 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19____ to 19____

and that I last saw him _____ alive on 19____

Immediate cause of death

Coronary occlusion

DURATION

Immed.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

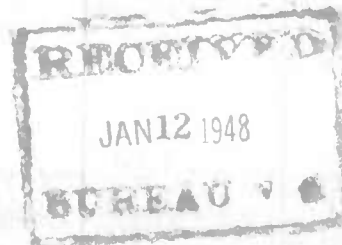
23. SIGNATURE

Louis J. Meltz, MD DMS

M. D. or other

Address

Easton MdDate signed 1-6-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Do not forget age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH

County Palbot
 City or town Royal Oak
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred: no
 How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Palbot
 City or town Royal Oak
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. no
 (If rural, give LOCATION) no
 2.(a) If veteran, name war no

3. (a) FULL NAME

Frank M. Bentley

3. (b) Social Security Number

Lost

4. Sex female 5. Color or race a.a. 6.(d) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife no 6.(c) If alive, give age no years
 7. Birth date of deceased (mo., day, yr.) July 24 1922
 8. AGE: Years 25 Months 5 Days 28 If less than one day hrs. min.

9. Birthplace Royal Oak
 (Town, county, and state)
 10. Usual occupation House keeper for Father
 11. Industry or business same as above
 12. Name Frank Bentley
 13. Birthplace Royal Oak D. md
 14. Maiden name Hattie M. Sullivan
 15. Birthplace Royal Oak
 18. Informant Frank Bentley
 Address Royal Oak Md
 17. Burial Date thereof Jan 25 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Royal Oak
 Location Royal Oak
 18. Funeral director James H. Stewart
 Address Salisbury, Md
 19. 1/23 48 D.H. Neeris
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

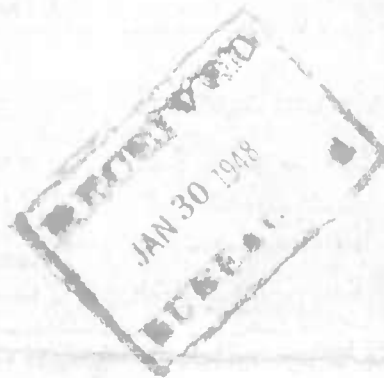
20. DATE OF DEATH Jan 22 19 48 at 12:30 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 22 19 48 to Jan 22 19 48
 and that I last saw him alive on Jan 22 19 48
 Immediate cause of death Acute Myocarditis DURATION 3 days
 Due to.....
 Due to.....
 Other conditions Childbirth 24 hours
 (Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Hayward T. Jeff, M.D. M. D. or other
Easton, Md Address..... Date signed 1/23/48



PLEASE WRITE PLAINLY, WITH SPREADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. *W*

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

97

00872

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: *Talbot*
County *Eastern*
City or town *2 days*
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Memorial Hospital, Eastern, Md.
How long in hospital or institution? *2 days*

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State *Maryland* County *Carroll*
City or town *Federalburg*
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____ ✓

3. (a) FULL NAME

Mr. James D. Booker

3. (b) Social Security Number

4. Sex *M* 5. Color or race *W* 6. (a) Single, married, widowed, or divorced *married*
6. (b) Name of husband or wife *Lydia Booker*
7. Birth date of deceased (mo., day, yr.) *No date*
6. (c) If alive, give age _____ years

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hrs. _____ min.
about 65

9. Birthplace *Caroline Co., Md.*
(Town, county, and state)

10. Usual occupation *Farmer*

11. Industry or business *Farmer*

12. Name *Wm. Booker*

13. Birthplace *Caroline Co., Md.*

14. Maiden name *Jane Evans*

15. Birthplace *Caroline Co., Md.*

16. Informant *Mrs. Ella B. Brown*

Address *510 King St., Wilmington, Del.*

17. *Burial* Date thereof *1/14/48*
(Burial, cremation, or removal to _____) (month) (day) (year)

Cemetery or crematory *Still Creek*

Location *Federalburg, Md.*

18. Funeral director *J. T. Thompson, Son*

Address *Federalburg, Md.*

19. *1/11* 19 *48* *N. H. Neirues*
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *Jan. 10-1948* 19 _____, 21. *4* *33*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *1-8-* 19 *48*, to *1-10-* 19 *48*.

and that I last saw him alive on *1-9-* 19 *48*.

Immediate cause of death _____ DURATION _____

Arteriosclerosis, generalized, cerebral

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE *B. Cox* *M. D.*

Address *Eastern, Md.* Date signed _____

73/10

Handwritten notes and signatures, including "Handwritten" and "Handwritten" in cursive.

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JAN 21 1948
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Handwritten notes and signatures, including "Handwritten" and "Handwritten" in cursive.

Handwritten notes and signatures, including "Handwritten" and "Handwritten" in cursive.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The carriage is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

00873

290

1. PLACE OF DEATH:

County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 hrs
 Hospital, institution, or street address where death occurred:
Memorial Hospital at Easton, Md.
 How long in hospital or institution? 4 hrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot
 City or town Easton, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Royal Oak
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Lawrence S. Cherbonnier Jr.

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

1921

8. AGE:

Years

Months

Days

If less than one day

27

.....hrs.min.

9. Birthplace

Easton, Md.

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

MOTHER
FATHER

12. Name

Lawrence S. Cherbonnier

13. Birthplace

Caroline Talbot Co.

14. Maiden name

Lphia H. Kemp

15. Birthplace

Caroline Co.

16. Informant

Lucie C. Mueller

Address

149 S. Washington St. Easton, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

Jan 27, 1948

Cemetery or crematory

Spring Hill cemetery

Location

Easton, Md.

18. Funeral director

Merian J. Harrison

Address

St. Michael's Md.

19.

(Date rec'd by registrar)

1/251948N.H. Norris

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Jan. 24 -1948, at 7:45 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1-2-1948, to 1-24-1948

and that I last saw him alive on

1-24-1948

Immediate cause of death

DURATION

Rheumatic heart disease
in decompensation

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. C. Cap

M. D. or other

Address

Easton, Md.Date signed 1-24-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

00874
290

1. PLACE OF DEATH:

County Talbot
 City or town Easton Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? unknown
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 127 East St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war World War I

3. (a) FULL NAME

Villanueva Harry Clayton

3. (b) Social Security Number

212-16-1257

4. Sex M 5. Color or race Col. 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife none

7. Birth date of deceased (mo., day, yr.) Nov. 20 1890

8. AGE: Years 57 Months 1 Days 12 If less than one day
 hrs. min.

9. Birthplace Talbot Co.
 (Town, county, and state)

10. Usual occupation laborer

11. Industry or business

12. Name Isaac Clayton

13. Birthplace Talbot Co.

14. Maiden name Sarah Mossey

15. Birthplace Talbot Co.

16. Informant Elizabeth Boul den

Address Easton Md. R.D. #1

17. Burial Date thereof Jan 5 1948
 (Burial, cremation, or removal.) (month) (day) (year)

Cemetery or crematory Unionville

Location Unionville, Talbot Co. Md.

18. Funeral director Leon St. Henry

Address 310 South St. Easton Md.

19. 1/3 19 48 Th. Neer
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1st 19 48 at 1:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19

and that I last saw h. alive on 19

Immediate cause of death Coronary occlusion Immed

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Louis P. Kelly M.D. M. D. or other

Address Easton Md. Date signed 1-4-48

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JAN 12 1948

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

00875
290

1. PLACE OF DEATH:

County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death Life time
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Annabella Copper

4. Sex F 5. Color or race Col. 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Ray Bailey

7. Birth date of deceased (mo., day, yr.) 46

8. AGE: Years 46 Months unknown Days 46 It less than one day hrs. min.

9. Birthplace Talbot Co. Md.
(Town, county, and state)

10. Usual occupation Cook

11. Industry or business

12. Name Lewis Copper

13. Birthplace Talbot Co.

14. Maiden name Lucie Bailey

15. Birthplace Talbot Co.

16. Informant Lewis Copper

Address Miles River Md.

17. Burial Burial Date thereof 11/12/48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Kirkland Md.

Location Talbot Co.

18. Funeral director Leon W. Henry

Address Easton Md.

19. 1/10 19 48 T. B. Neer
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
Street No. 425 South St.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

220-01-7449

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 19 48 at 10 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 7 19 48 to Jan 7 19 48

and that I last saw him alive on Jan 7 19 48

Immediate cause of death Acute Myocarditis

Child birth

Due to Child birth

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hayward T. Webb, M.D.

Address Easton, Md. Date signed 1/8/48

Address

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, and be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 15 1948

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00876

Reg. Dist. No. 290

1. PLACE OF DEATH:

County BelmontCity or town Easton, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Memorial HospitalHow long in hospital or institution? 17 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen AnneCity or town Queen Anne
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2. (a) If veteran, name war _____ ☒

3. (a) FULL NAME

Robert Clarence Ewing

3. (b) Social Security Number

4. Sex Male5. Color or race White6. (a) Single, married, widowed, or divorced Single6. (b) Name of husband or wife Irving E. Clark

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Oct 1, 18798. AGE: Years 68 Months 3 Days 27 If less than one day _____ hrs. _____ min.9. Birthplace Salat County
(Town, county, and state)10. Usual occupation Canner

11. Industry or business

12. Name Robert W. Ewing13. Birthplace Salat County14. Maiden name Liza Spurr15. Birthplace Salat County16. Informant Mrs. Robert C. EwingAddress Queen Anne Md17. Burial Date thereof 3/27/48
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Spring HillLocation Easton Md18. Funeral director John F. ClarkAddress Easton, Md.19. 1/29 48 N.H. Neumes
(Date rec'd by registrar) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29, 1948, at 10:12 A.M.21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Jan 13, 1948 to Jan 29, 1948and that I last saw him alive on Jan 29, 1948

Immediate cause of death _____ DURATION _____

Pulmonary em-bolusDue to Varicose veins inlegs -Due to arterio sclerosisOther conditions Hypertrophiedprostate
(Include pregnancy within 3 months of death)Major findings of operations Hypertrophied prostatebenign Date of post-mortem Jan 15, 48Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE John F. Schneider M.D. or other _____Address Easton Md Date signed Jan 29, 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

no certif

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
City or town Easton, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 16 hrs.
Hospital, institution, or street address where death occurred:
Memorial Hospital
How long in hospital or institution? 16 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Baby girl Gardner
4. Sex F 5. Color of face W 6.(a) Single, married, widowed, or divorced S

3. (b) Social Security Number

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) 1-21-48 12.25 am
6. (c) If alive, give age _____ years

8. AGE: Years _____ Months _____ Days _____ It less than one day 16 hrs. _____ min.

9. Birthplace Easton Hospital Talbot
(Town, county, and state)

10. Usual occupation Easton Md

11. Industry or business

12. Name John Gardner

13. Birthplace Talbot County

14. Maiden name Dorothy Pender

15. Birthplace Talbot County

18. Informant Dorothy Gardner

Address Easton Md

17. Cremation Date thereof Jan 22 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Memorial Hospital

Location Easton Md

18. Funeral director Memorial Hospital

Address Easton Md

19. 1/22 19 48 N.H. Morris
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21 19 48, at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-21 12:25 am 19 48, to 1-21-48 19 48 4:30

and that I last saw her alive on 1-21-48 19 48

Immediate cause of death Prematurity DURATION 16 hours

Due to Rupture of membranes 48 hrs

Due to unknown

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J.T.B. Ambler M. D. or other _____

Address Easton Md Date signed 1/22/48

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FEB 5 1948

SUBBAC V M

14980

Handwritten notes and signatures at the bottom of the page, including the name "W. H. Brown" and the date "Feb 11 1948".

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JAN 12 1948

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

108

00878

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 days
 Hospital, institution, or street address where death occurred:
Memorial Hospital at Easton, Md. Inc.
 How long in hospital or institution? 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot
 City or town Longwoods Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war _____

3. (a) FULL NAME

Phillip Gibson

3. (b) Social Security Number

4. Sex Male 5. Color or race Black 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Sally Gibson
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) unknown 1875?
 8. AGE: Years 73? Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Wye Heights, Md
 (Town, county, and state)
 10. Usual occupation Labrer

11. Industry or business

12. Name John Gibson
 13. Birthplace unknown
 14. Maiden name unknown
 15. Birthplace Talbot County

16. Informant Charles Gibson (Nephew)
 Address Longwoods, Md

17. Buried Date thereof Jan 10, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematorium Unionville
 Location Easton Md R.D.

18. Funeral director Maurice E. Newman & Son
 Address Easton Md

19. 1/8 48 N. H. Neirin
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1948 at 7:55 M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-1 to 1-7 and that I last saw him alive on 1-6
 Immediate cause of death _____

DURATION 1 week
Pneumonia

Due to _____
 Due to _____

Other conditions Guarded Status
Delirium
 (Include pregnancy within 3 months of death)

Major findings of operation _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Manner of injury _____ Injured at work? _____

23. SIGNATURE W. J. Bussell M. D. or other _____
Easton Md Date signed 1-7-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 12 1948
BUREAU OF A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Prince George's
City or town St. Paul
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 1/2 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Prince George's
City or town St. Paul
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1100
(If rural, give LOCATION)
2(a) If veteran, name war

3. (a) FULL NAME

David Drugg

3. (b) Social Security Number

4. Sex M. 5. Color or race W. 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Elizabeth R. Drugg
6. (c) If alive, give age 1967 years

7. Birth date of deceased (mo., day, yr.) March 7, 1880

8. AGE: Years 67 Months 10 Days 5 If less than one day
.....hrs.min.

9. Birthplace New York City, N.Y.
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

12. Name David Drugg

13. Birthplace Pa.

14. Maiden name Elizabeth Drugg

15. Birthplace N.Y.

16. Informant David Drugg

Address Prince George's, Md.

17. (Burial, cremation, or removal, Which?) Burial Date thereof Jan. 7, 1968
(month) (day) (year)

Cemetery or crematory St. Paul's

Location St. Paul's

18. Funeral director St. Paul's

Address St. Paul's

19. 1/6 48 N.H. Neer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5, 1968

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1965 to January 4, 1968
and that I last saw him alive on January 4, 1968

Immediate cause of death Coronary heart failure DURATION 12 months

Due to Hypertension 12 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. V. Palmer M.D. M. D. or other

Address Easton, Maryland Date signed 1/9/68

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 12 1948

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 00881 290

1. PLACE OF DEATH:

County Talbot
City or town Easton Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Nine days
Hospital, institution, or street address where death occurred:
Memorial Hospital
How long in hospital or institution? 9 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot
City or town Little Lombardy Easton
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Miss Ellie Harrington

3. (b) Social Security Number

4. Sex F 5. Color or race white 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 7, 1890 6.(c) If alive, give age _____ years

8. AGE: Years 77 Months 8 Days 10 If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation None

11. Industry or business _____

12. Name Mr. George Harrington

13. Birthplace Phila Pa

14. Maiden name Marian Aldridge

15. Birthplace Phila Pa

16. Informant John Marianne Cowgell

Address Little Lombardy Easton Md

17. Burial Date thereof 6/20/48
(Burial, cremation, or removal. Which) (month) (day) (year)

Cemetery or crematory Lombardy

Location Easton Md R.D.

18. Funeral director John A. Williams

Address Easton Md

19. 1948 18 48 N.H. Neireu
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17th 1948 at 11:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 7th 1948 to Jan. 17th 1948

and that I last saw him alive on Jan. 17th 1948

Immediate cause of death Pneumonia DURATION 10 days

Due to myocardial failure 7 days

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide NO Date of _____

Whom did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Manner of injury _____ Injured at work? _____

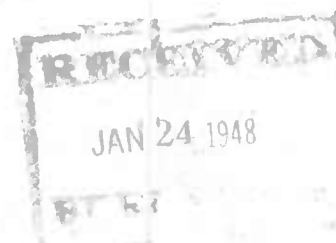
23. SIGNATURE William S. Simpson M. D. or other _____

Address Easton Md Date signed Jan 17th

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:

County Talbot
 City or town St. Michaels
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot
 City or town St. Michaels
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Elsie V. Johnson

3. (b) Social Security Number

4. Sex female 5. Color or race colored 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Harrison M. Johnson
 6. (c) If alive, give age 58 years
 7. Birth date of deceased (mo., day, yr.) June 18 1889
 8. AGE 58 Years Months 9 Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Preston Caroline Co. Md.
 (Town, county, and state)
 10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Frank Sharp
 13. Birthplace Preston, Maryland
 MOTHER 14. Maiden name Susan Smith
 15. Birthplace Preston, Maryland

16. Informant Harrison M. Johnson
 Address St. Michaels, Md.

17. Burial Date thereof Jan 20, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mt. Pleasant Cemetery

Location Preston, Maryland
 18. Funeral director Newnam & Harrison
 Address St. Michaels, Maryland

19. 1/19/48 Mrs. Abby R. Dech
 (Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17, 1948 19____ at 10 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
July 1, 1947 19____ to Jan. 17, 1948
 and that I last saw h____ alive on Jan. 17, 1948 19____

Immediate cause of death
Carcinoma Of Stomach DURATION 18 mos

Due to Unknown

Due to _____

Other conditions Hypertension

(Include pregnancy within 8 months of death)

Major findings of operations Neoplastic growth involving entire stomach Date of op. Dec 47

Autopsy results None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE _____ M. D. or other

Address St. Michaels, Md Date signed 1.18.48

RECORDED
JAN 21 1948
SECRET

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Calvert
 City or town Pasadena, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 114 days
 Hospital, institution, or street address where death occurred:
Eastern Memorial Hospital
 How long in hospital or institution? 114 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County McKenzie
 City or town McKenzie
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Rozella Kays

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6.(a) Single, married, widowed, or divorced single
 6.(b) Name of husband or wife _____
 6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) _____

8. AGE: Years 43 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Irish Carolina
 (Town, county, and state)

10. Usual occupation ?

11. Industry or business _____

12. Name Uncle

13. Birthplace Norfolk, Va.

14. Maiden name Uncle

15. Birthplace "

16. Informant Steen mids

Address St. Michael's, Md.

17. Burial Date thereof Jan 27, 1948
 (Burial, cremation, or removal) Which? (month) (day) (year)

Cemetery or crematory Cemetery

Location Clarksburg, Md.

18. Funeral director Newman & Newman

Address St. Michael's, Md.

19. 1/23/48 N.H. Newman
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 23, 1948 at 11:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-1- 1947 to 1-22- 1948

and that I last saw him alive on 1-22- 1948

Immediate cause of death _____ DURATION _____

arteriosclerotic heart disease - congestive failure 1 year?

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

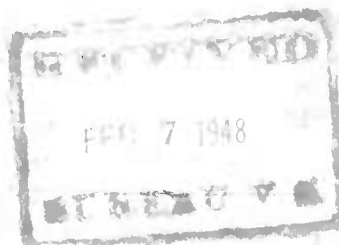
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. Cox M.D.

Address Eastern Md. Date signed _____



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH

County Talbot
City or town German town Easton RY
If outside city or town limits, write RURAL and give nearest town
How long in above place of death?
Hospital, institution, or street address where death occurred:
R. 7. D. 1
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Talbot
City or town German town
If outside city or town limits, write RURAL and give nearest town
Street No. R. 7. D. 1
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Sarah Ann Kinslow

3. (b) Social Security Number

none

4. Sex 7 5. Color or race col. 8.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Chas. H. Kinslow

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18 66

8. AGE: Years 82 Months 10 Days - It less than one day hrs. min.

9. Birthplace Talbot Co. (Town, county, and state)

10. Usual occupation Cook

11. Industry or business Solomon Deshield

12. Name Solomon Deshield

13. Birthplace Talbot Co.

14. Maiden name Sarah Kallum

15. Birthplace Talbot Co.

18. Informant Chas. Deshield (Bro.)

Address German town Wd.

17. Burial (Burial, cremation, or removal, Which?) Burial Date thereof Jan. 30 48 (month) (day) (year)

Cemetery or crematory Copperville

Location Talbot Co.

18. Funeral director Leon W. Henry

Address Easton Wd.

19. 1/30 48 D. H. Neerin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 28 19 48 at 6:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 18 19 48 to Jan. 28 19 48

and that I last saw her alive on Jan. 28 19 48

Immediate cause of death Broncho pneumonia DURATION 4-5 days

Due to Extreme exposure 10 days

Due to to weather

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hayward T. Webb, M.D. M. D. or other

Address Easton, Md. Date signed 1/29/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 5 1948

STANDARD

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

00885

291

1. PLACE OF DEATH:

County Talbot
 City or town Bozman
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death 18 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot
 City or town Bozman
 (If outside city or town limits, write RURAL and give nearest town)

Street No.
 (If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Emily P. Lovett

3. (b) Social Security Number

none

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

female white married

6.(b) Name of husband or wife Ralph E. Lovett6.(c) If alive, give age 82 years7. Birth date of deceased (mo., day, yr.) June 25, 1869

8. AGE: Years Months Days If less than one day
78 6 29hrs.min.

9. Birthplace England
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name William Preece13. Birthplace England14. Maiden name unknown15. Birthplace unknown16. Informant Mrs. John HarrisonAddress Bozman, Md.

17. Burial Date thereof Jan. 26, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory CemeteryLocation Bozman, Talbot Co., Md.18. Funeral director Newnam & HarrisonAddress St. Michaels, Md.

19. Jan 26 19 48 Mrs. Robert H. Seck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-24 19 48 at 4 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

6-6 19 48 to 1-24 19 48
 and that I last saw her alive on 1-23 19 48

Immediate cause of death

Pulmonary Embolism

DURATION

1 day

Due to

Cardiac Failure3 days

Due to

Peritonitis6 weeks

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

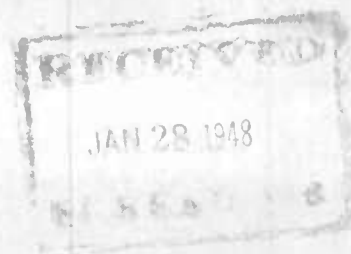
W. F. Buell, M.D.
Easton, Md. Date signed 1-25-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Do not correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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00886

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH *Talbot*
 County *Talbot*
 City or town *Rural Talbot*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *7 yrs.*
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State *Maryland* County *Talbot*
 City or town *Thappe Rural*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war _____

3. (a) FULL NAME *Ed Syons*

3. (b) Social Security Number
us.

4. Sex *male* 5. Color or race *white* 6. (a) Single, married, widowed, or divorced *widowed*
 6. (b) Name of husband or wife *Julia Syons*
 8. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) *Oct. 11, 1876*

8. AGE: Years *71* Months *3* Days *12* It less than one day _____ hrs. _____ min.

9. Birthplace *Thappe (Rural) Talbot Md.*
 (Town, county, and state)

10. Usual occupation *Farmer*

11. Industry or business _____

12. Name *Charles Syons*

13. Birthplace *Talbot Co. Md.*

14. Maiden name *Mary E. Lockman*

15. Birthplace *Carlspring Co., Md.*

16. Informant *David Syons*

Address *Easton Md.*

17. *Burial* Date thereof *Jan 26 1948*
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory *Windy Hill*

Location *Talbot Co. Md.*

18. Funeral director *Marvin E. Newman & Son*

Address *Easton Md.*

19. *1/23* 19 *48* *Not. Neeris*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *Jan. 23* 19 *48* at *11:00* A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *January 7* 19 *48* to *Jan. 23* 19 *48* and that I last saw him alive on *January 22* 19 *48*

Immediate cause of death _____

Due to _____ DURATION _____

Generalized Atherosclerosis years

Due to _____

Other conditions *Parkinsonism* years

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

(Include pregnancy within 8 months of death)

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE *Marvin E. Newman & Son*

Address *Easton Md.* Date signed *1-23-48*

Trappe

2671



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00887

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 1/2 days
 Hospital, institution, or street address where death occurred:
Memorial Hospital at Easton, Md. Inc.
 How long in hospital or institution? 5 1/2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. near Nichols
 (If rural, give LOCATION)
 2.(a) If veteran, name war ✓

3. (a) FULL NAME

Mo. pp - Jonathan Alexander

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

B

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

January 8, 1948

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

007

.....hrs.min.

9. Birthplace

Federalburg, Maryland, R.F.D. #2
(Town, county, and state)

10. Usual occupation

Student

11. Industry or business

FATHER

12. Name

Emerson Edward Nichols

13. Birthplace

Federalburg, Maryland

MOTHER

14. Maiden name

Gladys Mae Mapp

15. Birthplace

Painter, Virginia

16. Informant

Gladys Mae Mapp

Address

Federalburg, Maryland, R.F.D. #2

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

January 16, 1948
(month) (day) (year)

Cemetery or crematory

Federal Hill Cemetery

Location

Federalburg, Maryland

18. Funeral director

J. J. Thompson and Son

Address

Federalburg, Maryland

19.

1/16
(Date rec'd by registrar)

19.

48N. H. Neirice

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

January 1519 48at 9:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 8 19 48 to January 15 19 48and that I last saw him alive on January 14 19 48Immediate cause of death hematuria

DURATION

7 daysDisease Central Internal Hemorrhageundetermined origin

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Surgeon B. C. ...

M. D. or other

Address

Porter ...Date signed 1/17/48

RECEIVED

JAN 24 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12-30-47
 MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Bellevue

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 days

Hospital, institution, or street address where death occurred:

The Memorial Hospital at Easton, Md

How long in hospital or institution? 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne Co

City or town Price, Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. _____ (If rural, give LOCATION) ☒

2.(a) If veteran, name War _____

3.(a) FULL NAME

Olly Moore

3.(b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Mrs. Mary Moore

7. Birth date of deceased (mo., day, yr.) Oct 28, 1891 6.(c) If alive, give age _____ years

8. AGE: Years 76 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Queen Anne County Md (Town, county, and state)

10. Usual occupation None

11. Industry or business _____

12. Name The David I Moore

13. Birthplace Delaware

14. Maiden name Mary F. Sherrick

15. Birthplace Delaware

16. Informant Mrs Mary Moore

Address Price Md

17. Burial Date thereof Jan. 7, 1948 (month) (day) (year)

Cemetery or crematory Church Hill

Location Church Hill

18. Funeral director E. C. Lane

Address Church Hill Md

19. 1/6 48 N. H. Neer (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5, 1948 at 1:50 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-30 1947 to 1-5 1948

and that I last saw him on 1-5-48 1948

Immediate cause of death Atelectasis, Asthma DURATION 2da

Due to Aspiration of fluid 2da

Due to _____

Other conditions Carcinoma of esophagus, lower 1/3 & obstruction ?

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma of esophagus, lower 1/3 & obstruction Date of op. 1-3-48

Autopsy results None done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Neither Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE N. H. Neer M. D. or other _____

Address Easton Md Date signed 1/7/48

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BUREAU V

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 00889 291

1. PLACE OF DEATH:

Talbot
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.....
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

Md. County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Ida B. Neavitt
4. Sex..... female
5. Color or race..... white
6.(a) Single, married, widowed, or divorced..... widow
6.(b) Name of husband or wife..... Edward S. Neavitt
6.(c) If alive, give age..... years

3. (b) Social Security Number

None

7. Birth date of deceased (mo., day, yr.)..... July 28, 1860

8. AGE: Years..... 87 Months..... 5 Days..... 5 It less than one day..... hrs. min.

9. Birthplace..... Bozman, Talbot Co, Maryland
(Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business.....

12. Name..... William McQuay

13. Birthplace..... Bozman, Talbot Co, Maryland

14. Maiden name..... Arianna Ridgeway

15. Birthplace..... Bozman, Talbot Co, Maryland

16. Informant..... Albert Neavitt
Address..... Bozman, Talbot Co, Md.

17. Burial..... Jan. 5th, 1948
(Burial, cremation, or removal. Which?)..... (month) (day) (year)

Cemetery or crematory..... Church Cemetery
Location..... Bozman, Maryland

18. Funeral director..... Newnam & Harrison
Address..... St. Michaels, Md.

19. Jan 4, 1948
(Date rec'd by registrar)..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... January 2, 1948, at 2:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 19, 1947, to January 2, 1948, and that I last saw her alive on January 2, 1948.

Immediate cause of death..... Myocardial Infarction
..... Pulmonary Edema
..... Mitral Stenosis and
..... Insufficiency
..... Acute Bronchitis
Other conditions..... Generalized Atherosclerosis
(Include pregnancy within 3 months of death)

DURATION

7-8 hours

7-8 hours

2

5 days

2

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

.....

.....

.....

.....

.....

23. SIGNATURE..... Robert T. Michaels, M.D.

Address..... St. Michaels

Date Signed..... Jan 2, 1948

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Admitted 12-24-47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00890

Reg. Dist. No. 290

1. PLACE OF DEATH:
County... Talbot County
City or town... Easton, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 24 days
Hospital, institution, or street address where death occurred:
Memorial Hospital
How long in hospital or institution? 24 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State... Maryland County... Talbot
City or town... Easton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME
Mr. Charles Prettyman

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widower
6. (b) Name of husband or wife... Annine Prettyman
7. Birth date of deceased (mo., day, yr.) Sept. 30, 1868 6. (c) If alive, give age years
8. AGE: Years 79 Months 4 Days 13 If less than one day hrs. min.

9. Birthplace... Delaware
(Town, county, and state)

10. Usual occupation... None

11. Industry or business

12. Name... Mr. John W. Prettyman

13. Birthplace... Delaware

14. Maiden name... Annine Massey

15. Birthplace... Delaware

16. Informant... Mr. Harvey Prettyman

Address... Easton Md (Carroll's address)

17. Burial, cremation, or removal, Which? Burial Date thereof... 1/9/48
(month/day/year)

Cemetery or crematory... Spring Hill

Location... Easton

18. Funeral director... Reis, Clark & Sons

Address... Easton, Md.

19. Date rec'd by registrar... 1/7/48 Registrar... N. H. Neenan

MEDICAL CERTIFICATION

20. DATE OF DEATH 16, January 1948, at 11pm M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/24/1947 to 1/6/48

and that I last saw him alive on 16 January 1948

Immediate cause of death... arteriosclerosis in glomerulus?

Due to... ..

Due to... ..

Other conditions... ..

(Include pregnancy within 8 months of death)

Major findings of operations... ..

Date of op.

Autopsy results... ..

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Neither Date of ...

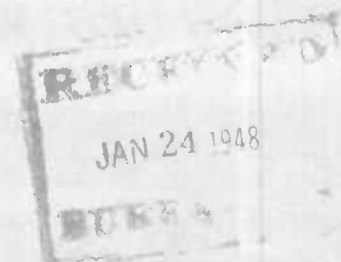
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... 13 Cox M.D.

Address... Easton Md Date signed... 1-18-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Do not correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Dorchester
 City or town Sumner Avenue
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 yrs.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD County Dorchester
 City or town Sumner Avenue
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) if veteran, name war _____

3. (a) FULL NAME

Hannie L. Rhodes

3. (b) Social Security Number

4. Sex M. 5. Color or race W. 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Charles Rhodes
 6.(c) If alive, give age 80 years
 7. Birth date of deceased (mo., day, yr.) October 9, 1868
 8. AGE: Years 79 Months 3 Days 13 If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Wm. H. Price

13. Birthplace MD

14. Maiden name Sarah Ellen Jones

15. Birthplace MD

16. Informant Mr. M. H. Clark

Address Sumner Avenue, MD

17. Buried Date thereof January 24, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton, MD

18. Funeral director Reisterstown

Address Easton, MD

19. 1/23 48 N. H. Neerinc
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1948 at 8:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 20 1948 to Jan 22 1948
 and that I last saw him alive on Jan 21 1948

Immediate cause of death Hypostatic Pneumonia DURATION 2 days

Due to _____

Due to _____

Other conditions She has been a bed patient for 3 yrs. - Arteriosclerosis
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ injured at work?

23. SIGNATURE W. Henry Fisher M. D. or other

Address Centerville MD Date signed 1/23/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The street age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH

County Eastern Md.
 City or town Centerville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 hrs. 15 min.
 Hospital, institution, or street address where death occurred:
Memorial Hospital
 How long in hospital or institution? 15 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Jefferson Anne
 City or town Centerville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3.(a) FULL NAME

Godfrey Seney

3.(b) Social Security Number

4. Sex M 5. Color or race B 6. Single, married, widowed, or divorced married

6.(b) Name of husband or wife Sadie Seney

7. Birth date of deceased (mo., day, yr.) March 22, 1909
 6.(c) If alive, give age _____ years

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Princeton Ind.
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Robert Seney

12. Name Robert Seney

13. Birthplace Barclay Ind.

14. Maiden name Susanne Howell

15. Birthplace J. O. Co. Ind.

16. Informant Sadie Seney

Address Centerville Ind. R.D. #1

17. Buried Date there 11/5/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Barclay

Location Barclay Ind.

18. Funeral director Edmund Lane

Address Church Hill Ind.

19. 1/9 48 Dr. H. Merriam
 (Date rec'd by registrar) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-9-48 19 at 11:50 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-8-48 to 1-8-48 and that I last saw him alive on 1-8-48

Immediate cause of death _____ DURATION _____

Chronic interstitial nephritis 6 mo

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

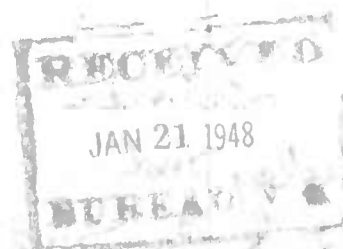
Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Dr. H. Merriam M.D. or other _____

Address Centerville Ind. Date signed _____



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County... Talbot
City or town... Easton md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?... 3 weeks
Hospital, institution, or street address where death occurred:
Easton Hospital
How long in hospital or institution?... 3 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... Maryland County... Talbot
City or town... Easton md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war.

3. (a) FULL NAME

George A Miller

3. (b) Social Security Number

4. Sex M 5. Color or race C 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife... Hester Miller

7. Birth date of deceased (mo., day, yr.) 1874 6.(c) If alive, give age... 66 years

8. AGE: Years 73 Months Days If less than one day

9. Birthplace... Green ans co
(Town, county, and state)

10. Usual occupation... Local Preacher

11. Industry or business

12. Name... George Miller

13. Birthplace... Greenans Co

14. Maiden name... Lucy Whitman

15. Birthplace... Green ans co

16. Informant... Hester Miller

Address... Morton md Rural

17. Burial Date thereof... Jan 5 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Mountain

Location... Morton md Rural

18. Funeral director... B.B. Gellars

Address... Still Road Md.

19. 1/2 19 48 H.A. Neenan
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH... Jan 1 19 48 at 10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

12-9-47 19 48 to 1-1-48 19 48

and that I last saw him alive on 1-1-48 19 48

Immediate cause of death... Carcinoma of

Due to... Cervical lymph glands

Due to...

Other conditions... arterio-sclerotic

(Include pregnancy within 3 months of death)

Major findings of operations... Beafy ca

Date of op.

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... Wm Palmer M. D. or other

Address... Easton Md. Date signed...

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County TalbotCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 9 days

Hospital, institution, or street address where death occurred:

Memorial Hospital at Easton, Md. Inc.How long in hospital or institution? 9 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Trappe
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mrs. Rosalie Walton

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

married6.(b) Name of husband or wife Mr. William Walton6.(c) If alive, give age 34 years7. Birth date of deceased (mo., day, yr.) April 20 - 1914

8. AGE: Years Months Days If less than one day

33 yrs. _____ min.9. Birthplace Easton, Md.

(Town, county, and state)

10. Usual occupation H.W.

11. Industry or business

12. Name Mrs. Chris Schlotzhauer13. Birthplace Nebraska14. Maiden name Baugh Plugge15. Birthplace Nebraska16. Informant Mr. William WaltonAddress same Trappe, Md.17. Burial Date there 11-7-48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Spring HillLocation Easton, Md.18. Funeral director Heck Clark, Inc.Address Easton, Md.19. 1/15 19 48 N.H. Neuen

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 19 48 at 11:55 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1-5 19 48 to 1-14 19 48and that I last saw her alive on 1-14 19 48Immediate cause of death UremiaDURATION 3 weeksDue to stricture of ureter 3 weeksDue to Ca (Squamous cell) of cervix 1 year

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op. _____

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J.T.B. Ambler M. D. or otherAddress Easton, Md. Date signed 1/14/48

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W. J. ...

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Eastern (Rural)
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Peachblossom Road
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. (Rural) Peachblossom Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Maude Garner Warner

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Alfred J. Warner
 6. (c) If alive, give age 63 years
 7. Birth date of deceased (mo., day, yr.) June 22, 1892
 8. AGE: Years 55 Months 6 Days 17 If less than one day
 hrs. min.

9. Birthplace Talbot Co. Maryland
 (Town, county, and state)

10. Usual occupation None

11. Industry or business At home

12. Name Charles Hewitt Garner

13. Birthplace Maryland

14. Maiden name Julie Price

15. Birthplace Maryland

16. Informant Alfred J. Warner (Husband)

Address Easton, Md.

17. (Burial, cremation, or removal, Which?) Burial Date thereof Jan. 12, 1948
 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton, Md.

18. Funeral director J. Edwin Clark

Address Easton, Md.

19. 1-10 19 48 H. H. Warner
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9, 1948 at 4:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
1-6-1948, to 1-9-1948
 and that I last saw him alive on 1-8-1948

Immediate cause of death

apoplexy

Due to

hypertension, malignant

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. H. Warner M. D. or other

Address Easton Md. Date signed 1-9-48

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00895

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
 County... Talbot County
 City or town... Pocomoke
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? one day
 Hospital, institution or street address where death occurred:
 Memorial Hospital
 How long in hospital or institution? one day

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State... Md County... Talbot
 City or town... McDaniel
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2. (a) If veteran, name war.....

3. (a) FULL NAME
 Idella Webb

3. (b) Social Security Number

4. Sex Female 5. Color or race Black 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife James Webb
 7. Birth date of deceased (mo., day, yr.) August 9, 1889
 6. (c) If alive, give age..... years

8. AGE: Years 58 Months Days If less than one day
 hrs. min.

9. Birthplace Anderson, South Carolina
 (Town, county, and state)

10. Usual occupation H.W.

11. Industry or business

12. Name Mother Moore
 13. Birthplace South Carolina

14. Maiden name Savannah

15. Birthplace South Carolina

16. Informant James Webb

Address McDaniel Md

17. Burial Date thereof Jan 16, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery

Location Calhoun Md

18. Funeral director Newnam & Harrison

Address St. Michaels Md

19. 1/14 48 N.H. Newnam
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13 1948 at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-6-1947 to 1-13-1948
 and that I last saw him alive on 1-13-48

Immediate cause of death Peritonitis DURATION 24 hrs

Due to Ruptured rectum 26 hrs

Due to Rectal Dilatation 26 hrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Severe peritonitis Date of op. 1/13/48

Autopsy results Ruptured rectum

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J.T.B. Ambler M.D. or other

Address Pocomoke Md Date signed 1/14/48

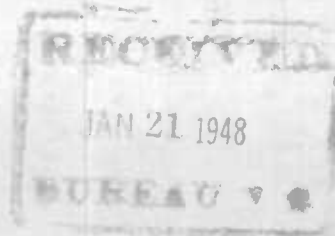
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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to be
sent to you



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